

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 40
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Healthcare Association of New York State and Allied Associations' Federal PAC (HANYS Federal PAC)

Full Name (Last, First, Middle Initial)

A. Ms. Vivian Campagna

Mailing Address 10 Downing Street

City State Zip Code
 East Williston NY 11596

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lutheran Medical Center

Occupation

AVP, Case Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 11 / 2014

Transaction ID : SA11AI.17785

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Thomas Carman

Mailing Address 322 Flower Avenue West

City State Zip Code
 Watertown NY 13601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Samaritan Medical Center

Occupation

Hospital Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : SA11AI.17625

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. John Carrigg

Mailing Address 25 Sweet Briar Court

City State Zip Code
 Endwell NY 13760

FEC ID number of contributing
federal political committee.

C

Name of Employer

United Health Services

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 12 / 2014

Transaction ID : SA11AI.17914

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00